

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 6 / 23

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Council of Life Insurers Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Mr. Clifford A. Lange

Mailing Address 110 Elm Street

City

Medfield

State

MA

Zip Code

02052-2823

FEC ID number of contributing
federal political committee.

C

Name of Employer
Boston Mutual Life Insura-
nce Company

Occupation

Vice President, CFO, & Chief Actuary

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 2 1 / 2 0 1 0

Transaction ID: 35897813

Amount of Each Receipt this Period

300.00

B.

Full Name (Last, First, Middle Initial)

Mr. Paul E. Petry

Mailing Address 20 Bayberry Way

City

Osterville

State

MA

Zip Code

02655-2405

FEC ID number of contributing
federal political committee.

C

Name of Employer
Boston Mutual Life Insura-
nce Company

Occupation

President & CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 2 6 / 2 0 1 0

Transaction ID: 35912760

Amount of Each Receipt this Period

1000.00

C.

Full Name (Last, First, Middle Initial)

Mr. Chris C. Stroup

Mailing Address 187 Danbury Road
Riverview Building, 3rd Floor

City

Wilton

State

CT

Zip Code

06897-4122

FEC ID number of contributing
federal political committee.

C

Name of Employer
Wilton Reassurance Company

Occupation

Chairman & Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 2 9 / 2 0 1 0

Transaction ID: 36059806

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)

2300.00

TOTAL This Period (last page this line number only)